



Date: _____

EXHIBIT B

Pressure Testing Permit*

Type of Test: ☐ Hydrostatic ☐ Pneumatic

Test Pressure _____ psig **Maximum Allowable Working Pressure** _____ psig

Items to be Tested

Location of Test _____ **Date and Time** _____

Hazards Involved

Safety Precautions Taken

Special Conditions or Requirements

Qualified Person and Test Coordinator
Dept/Date

Division/Section Safety Officer
Dept/Date

Results

Witness _____ **Dept/Date** _____
 (Safety Officer or Designee)

* Must be signed by division/section safety officer prior to conducting test. It is the responsibility of the test coordinator to obtain signatures.